



07-31-06

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|---|----------------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/927,884             |              |
|   | Filing Date          | August 10, 2001        |              |
|   | First Named Inventor | Gary VAN NEST          |              |
|   | Art Unit             | 1645                   |              |
|   | Examiner Name        | A. Navarro             |              |
| Total Number of Pages in This Submission  | 19 pages + 1 ref.    | Attorney Docket Number | 377882001720 |

**ENCLOSURES (Check all that apply)**

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (10 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement Supplemental (3 pages)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Form PTO/SB/08a/b + copy (2 pages)<br>One (1) reference<br>Return Receipt Postcard |
| <b>Remarks</b>   |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No. 25226) |          |        |
| Signature    | <i>Jill A. Jacobson</i>                      |          |        |
| Printed name | Jill A. Jacobson                             |          |        |
| Date         | July 28, 2006                                | Reg. No. | 40,030 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 456362678 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 28, 2006

Signature: *[Signature]*

(Megha Aggarwal)



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|   |                    |                          |                 |
|---|--------------------|--------------------------|-----------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |                    | <b>Complete if Known</b> |                 |
|   |                    | Application Number       | 09/927,884      |
|   |                    | Filing Date              | August 10, 2001 |
|   |                    | First Named Inventor     | Gary VAN NEST   |
|   |                    | Examiner Name            | A. Navarro      |
|   |                    | Art Unit                 | 1645            |
|   |                    | Attorney Docket No.      | 377882001720    |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                    |                          |                 |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 510.00 |                          |                 |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>03-1952</u>  |
| Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                     |                         |                      |                       |
|---|--------------------|---------------------|---|---------------------|-------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>   |                    |                     |   |                     |                         |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                     |                         |                      |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                     | <b>EXAMINATION FEES</b> |                      |                       |
|   |                    | <u>Small Entity</u> |   | <u>Small Entity</u> |                         | <u>Small Entity</u>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                 | 500   | 250                 | 200                     | 100                  | 0.00                  |
| Design  | 200                | 100                 | 100   | 50                  | 130                     | 65                   | 0.00                  |
| Plant   | 200                | 100                 | 300   | 150                 | 160                     | 80                   | 0.00                  |
| Reissue   | 300                | 150                 | 500   | 250                 | 600                     | 300                  | 0.00                  |
| Provisional   | 200                | 100                 | 0   | 0                   | 0                       | 0                    | 0.00                  |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                     |                         |                      |                       |
|   |                    |                     |   |                     |                         |                      | <u>Small Entity</u>   |
| <b>Fee Description</b>  |                    |                     |   |                     |                         |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                     |                         |                      | 50                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                     |                         |                      | 200                   |
| Multiple dependent claims   |                    |                     |   |                     |                         |                      | 360                   |
| <b>Total Claims</b>   |                    |                     |   |                     |                         |                      |                       |
| 52 - 96 = 0 x 25 = 0.00   |                    |                     |   |                     |                         |                      |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |   |                     |                         |                      |                       |
| <b>Indep. Claims</b>  |                    |                     |   |                     |                         |                      |                       |
| 3 - 4 = 0 x 100 = 0.00  |                    |                     |   |                     |                         |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |   |                     |                         |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                     |                         |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                     |                         |                      |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                     | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b> |                       |
| - 100 =   |                    | /50                 | (round up to a whole number) x                          |                     | 125                     | = 0.00               |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                     |                         |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                     |                         |                      |                       |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month   |                    |                     |   |                     |                         |                      | 510.00                |

|                     |                         |                                   |                |
|---------------------|-------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                         |                                   |                |
| Signature           | <i>Jill A. Jacobson</i> | Registration No. (Attorney/Agent) | 40,030         |
| Name (Print/Type)   | Jill A. Jacobson        | Telephone                         | (650) 813-5876 |
|                     |                         | Date                              | July 28, 2006  |